M25-30 IA BASIC

February 9, 1937

Poster Suzeme H. Dibble, Jr., Newsgar, Veterans Administration Facility, Tunkerpe, Alabama.

lear Postor Dibble:

Suring the winter of 1957-1938 five years will have elapsed since the first clinical study was made of the individuals included in the untreated syphilis project in Escon County. I am sure that you are thoroughly familiar with the details of this study and with the publication of results which was reported about a year ago in the Journal of the American Ledical Association.

As you also know we are greatly interested in learning the ultimate fate of the individuals with untreated sychilis as well as the control individuals who presumably do not have syphilis. For the past two or three years a special strangt has been made to bring to necessary study all of the individuals who have died. An opportunity second only in importance to necessary study is periodic clinical observation.

If the receives which are cooperation with the Fublic Health Service are interested we propose during the winter of 1937-1938 to acsign an officer to Tuskeree whose duty it will be to exemine clinically and do a thorough laboratory study on all of the individuals both sychilitic and nonsymbilitic included in this investigation. The purpose of this letter is to inquire whether the facilities in your institution will be placed at the disposal of our officer. If so, do you have between your hospital and the John A. Andrew hamarial Hospital all of the facilities which will be necessary to complete the cardiologic examination outlined on the accompanying form, with the exception of the electrocardiographic study?

Sincerely yours,

(Sgd) Thomas Parran

Surgeon Ceneral.

RAV:mec

Incl.

cc: Doctor J. W. Williams.



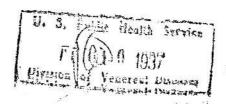
VETERANS ADMINISTRATION

Tuskegee, Alabama February 12, 1937

YOUR FILE REFERENCE:

IN REPLY REFER TO: A

Doctor Thomas Farran Surgeon General United States Public Health Service Washington, D. C.



Dear Doctor Parran:

This will acknowledge receipt of your letter of February 9, 1937, with reference to the facilities in this hospital being placed at the disposal of your officer whom you plan to detail to this area during the winter of 1937-1938 to examine clinically and do a thorough laboratory study on all the individuals, both syphilitic and nonsyphilitic, included in the investigation of the United States Fublic Health Service in Macon County. Also, if there are facilities, between the Veterans Facility and the John A. Andrew Memorial Fospital, necessary to complete the cardiologic examination outlined on the form which you attached to your letter.

This is to advise that this matter is being taken up with the Fedical Director of the Veterans Administration without delay and you will be further advised at the earliest practicable date.

Very truly yours,

EUGHE H. DIRBLE, JR. Karager

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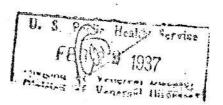
VETERANS ADMINISTRATION

WASHINGTON

February 18, 1937

CFFICE OF THE ADMINISTRATOR OF VETERANS AFFAIRS

> Surgeon General, United States Public Health Service, Washington, D. C.



Dear Sir:

Your letter of February 9, 1957, addressed to the Manager of the Veterans Administration Facility, Tuskegee, Alabama, in which you request that that facility cooperate with you in the study which is being carried on in Macon County, Alabama, relative to Untrested Syphilis in the Male Negro has been referred to this office.

You are advised that I have this date authorized the Manager of the Tuskegee Facility to cooperate with your representative in completing this study.

Very truly yours,

FRANK T. HINES, Administrator

METALINI.

Consist Frank T. Wines, Administrator of Veterans Affairs, Veterans Administration, Waskington, D. C.

ly dear Ceneral Mines:

Permit me to thank you for your letter of Pebruary 18th and for your authorization of the concerntion of the Munager of the Veterans administration Pacility at Tuskeges with the Public Market Service in the present projected study of untreated symbilis in the male Nears, which is being corried on in Macon County, Alabama. You may be sure that we will give due credit to the Veterans Administration for the valuable assistance which Manager Eugens H. Dibble, Jr. and his staff will render us.

Sincorely yours,

(Sgd) Thomas Parrag

Surgeon Ceneral.

RAV:mec

co: Doctor Dibble

Poctor J. Jarone Peters, Veterans Administration Hospital, Tuskagee, Alabasa.

Dear Doctor Paters:

I wish to thank you for your letter of October 19th in which you refer to the disintegration of bodies which are obtained for autopoies in our study of untreated symbiles in the Hegre in Macon County. The important point in connection with the study is, of course, to confirm our clinical observations and since this can be done only through autopsy, i, in the past, have been most interested in stimulating our efforts in this direction. You are quite right, however, in insisting that the bodies not be in a distintegrated condition.

Upon inquiry at the National Institute of Health I find that recently tiscue sections obtained from several cutomales have been delivered in such poor condition that they were of practically no value. This condition of the specimens would naturally discount any studies which might be based upon their examination. I am taking this natter up with Doctor Eurray Smith and Doctor C. A. Walsyn with the request that in the future, disintegrated bodies not be precented to you.

I regret that Doctor Dibble did not tell you of my short conversation with him last spring. At that time we talked about the projected clinical study of all of the patients, both syphilitic and control, now located in and around fuckages. The medical officer whom we have in mind for this detail has been studying cardiovascular syphilis at the Johns Hookins University since last January. Toctor J. E. Moore, the chief of the syphilis clinic at Hopkins, does not feel that our medical officer will be sufficiently trained to carry on the clinical work during the coming winter. For that reason we have delayed his assignment for one year and he will not proceed to Tuckeges for permanent assignment until the autumn of 1938.

This medical officer, loctor Austin V. Deibert, will visit Tuskeses early in the month of January for the purpose of stimulating the interest of the patients in the project. You may be sure that he will get in touch with you at that time although the fluorescope examinations will not then be required.

I wish to thank you particularly for bringing to my attention these important matters which relate to the study in which I have a deep interest.

Sincerely yours.

(6gd) R. A. Yonderiehr

R. A. Vonderlehr, Assistant Surgeon General, Division of Veneral Diseases.

FAY: U3

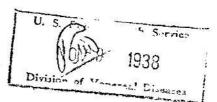
ce to Dr. Smith Sr. Walwyn



UNITED STATES
PUBLIC HEALTH SERVICE
Nov. 7, 1938

Assistant Surgeon General R. A. Voncerlehr Division of Veneral Disease United States Public Health Service Washington, D.C.

Dear Doctor Vonderlehr:



The study is moving along quite smoothly. As anticipated, I am averaging from three to four examinations a day. The staff at the Veterans' Hospital is cooperating to the fullest extent and has a very keen interest in the project.

Dr. Mahoney informs me that the blood sera is arriving in New York in a satisfactory condition. I was rather shocked at the cost involved in sending the sera by airmail and special delivery, this averaging about \$1.50 per mailing tube containing the sera of seven or eight patients. Our "field strategist" advises that it would be unwise to obtain the spinal fluid examinations at this time and to defer it until shortly before I leave. I fully concur with him in this as it has been reflected lately in the ease with which Nurse Rivers locates and brings in her charges. At the beginning of the study she volunteered the information that the patients were skeptical about coming in because of fear of the "back shot". Word now has spread that the doctor is not giving "back shots" and she has little trouble in finding her daily quota. Anticipating that the county, at the first of the year, will have a treatment trailer I could plan to use it and fan the countryside, striking quickly the various sections before word gets around and the patients light out for the river bottoms.

Since my arrival, we have had three autopsies and I sense that three more are not far distant. I have encountered several interesting cases including two of our controls who have developed aortic regurgitation. I am looking forward to Dr. Mahoney's reports on the blood sera tests wondering as to the relative sensitivity of the tests of today as against those of five years ago.



UNITED STATES PUBLIC HEALTH SERVICE

I underestimated the amount of barium I would need for the roentgenological examinations and at a later date will requisition more.

Sincerely yours,

Austin V. Deibert

Passed Assistant Surgeon

Tuskegee, Ala.

November 16, 1938

P. A. Surgeon Austin V. Deibert U. S. Public Health Service c/o County Health Perartzent Tuskeges, Alabaza

Dear Doctor Deibert:

I was glad to have your letter of November 7th and to know that the work is progressing favorably in the study of untreated syphilis. It was somethat of a surprise to learn that some of the patients objected to the "back shots" inasmuch as these seemed to make a big impression on them after the study of six years ago. Under the circumstances, however, I think you are proceeding along proper lines.

It was somewhat disconcerting to learn that two of the controls have developed acrtic regurditation. The findings will be extremely interesting, and I hope that too many of the controls do not show evidence of syphilitic infection before the project is completed.

Please let me know if there is snything we can do to assist you.

Sincerely yours.

(Sgd) R. A. Venlariehr

R. A. Vonderlehr
Assistant Surgeon General
Division of Venereal Diseases

RAV: McK



U. S. PUBLIC HEALTH SERVICE Feb. 6, 1939



Asst. Surgeon General R.A. Vonderlehr Division of Venereal Disease U.S. Public Health Service Vashington, D.C.

Dear Doctor Vonderlehr:

Recently I received a date of m, assignment to the Maryland Health Department. As you know, fixing an exact date is practically impossible. Ty gross estimation I figure that I should complete the work here by June or July 1st, and accordingly I informed him.

To date I have completed for four examinations daily and two on Saturdays. We are not always successful in maintaining this schedule, however.

I have continued to examine the cases who have received a small amount of treatment and should like to continue unless you feel that this should not be done. For psychological reasons I feel that these cases should be maintained; an "esprit de corps" has been built up and if they be discarded, their fellow members on the "list" will become suspicious. It would take a great deal of explaining and I am at a loss, as is Nurse hivers, as to what to say. My clinical appetite is whetted by the maintenance of this group. They provide another factor "X" in the study. My routine procedure is to examine each case without consulting the history to find out whether it is a control; treated or inadequately treated syphilitic, until pertinent observations are made on our



U. S. PUBLIC HEALTH SERVICE

forms. I hope by this procedure to keep the examiner's mind unprejudiced. Again, this inadequately treated group should prove valuable not only from the final pathological standpoint but clinical and serological as well. To date, I have found not a single case of "disastrous syphilis" amongst them. About 90% have serologically reverted to negativity or doubtful, and I am being penerous on the "doubtfuls" - generally several of the five tests being run are negative.

still alarms me, but I feel that the inadequately treated group accounts for this. The majority of this group falls into the 25 to 35 year age group and that none of them have developed acrtitis fortifies my belief that even a very little treatment goes a long way in avoiding cardiovascular complications, tho admittedly it is a trifle too soon to make a definite statement to that fact.

Here are some other interesting highlights. I have found twelve cases of aortic reflux, equally divided between the syphilitic and control groups. A more detailed examination will be done on the latter cases. Several cases of congenital syphilis have been detected in both groups. About a dozen of the controls now have positive serology. Two uncoubtedly became infected since the study started, the others probably have had their infection for years. I have found six cases of fusiform dilatation; not one of sacculation. Symptomatically, coronary disease is nil. Clinical neurosyphilis and benign tertiary syphilis is rare. I fear all the sick ones have died in the past six years.



TREASURY DEPARTMENT U. S. PUBLIC HEALTH SERVICE

IN REPLYING, ADDRESS THE

With your permission. I am still planning on replacing the inadequately treated cases with new ones. Our strategists feel it would be wiser to concentrate our efforts on one community, such as Roba or Mannon. The addition of these cases should start about April 1st.

I am very much pleased with the excellent cooperation that the staff of the Veterans' "ospital is giving me. Dr. Peters is of great help and his avid interest in our project is most stimulating. I have been drawing an extra tube of blood for their laboratory for serological test against Dr. Mahoney's and this has revealed to Dr. Peters the low degree of sensitivity of his laboratory's work. It has stimulated him to an improvement and the addition of a check flocculation test which will probably be that of Eagle.

Sincerely yours,

Austin V. Deibert P.A. Surgeon Tuskegee, Ala.

U-Dul

P. A. Surgeon A. V. Deibert U. S. Public Health Department C/o County Health Department Tuskegee, Alabama

Dear Doctor Delbert:

I was glad to have your letter of February 6th and to know the progress which you are asking in the study of untreated syphilis. It strikes me that one of the reasons sky there is a paucity of clinical findings may be because the patients who had the severe manifestations have died and a large percentage of the remainder may be beginning spontaneous recovery.

If it can be some without great trouble I see no reason why you should not examine the inadequately treated patients. I am giad to know that the majority of them is in the younger age groups because it was my impression that we treated only patients in these groups.

I also hope that you will plan to reinforce an untreated group by adding such additional patients as you may be able to find.

Let so know if there is anything we can do for you.

Sincerely yours,

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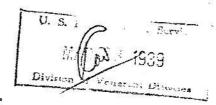
R. A. Vonderlehr Assistant Lurgeon General Division of Veneral Diseases

RAV: McK



U. S. PUBLIC HEALTH SERVICE

March 20, 1939



Asst. Surgeon General R.A. Vonderlehr Division of Venereal Disease U.S. Public Health Service Washington, D.C.

Dear Doctor Vonderlehr:

I was very much disaption that your trip South was cancelled but realize how necessary was your presence in Washington at that time.

Wanting to talk to you was regarding spinal punctures on the group. I know now that if I had not deferred obtaining spinal taps, we wouldn't have examined half the cases we have to date. They simply do not like spinal punctures. A few of those who were tapped are enthusiastic over the results but to most, the suggestion of another causes violent shaking of the head; others claim they were robbed of their procreative powers (regardless of the fact that I claim it stimulates them); some experienced memorable headaches. All in all and with no attempt at humor, it is a headache to me.

As a consequence of those primary taps, Nurse Rivers has had some difficulty getting patients in when breaking into a new community. After the word passes along sufficiently that we are not giving "back shots" they come out of the cane-brakes. I hope I know something of the psychology of the negro but at any rate I try my best to send them forth happily shouting the praises of the clinic to their friends at home.



TREASURY DEPARTMENT U. S. PUBLIC HEALTH SERVICE

IN REPLYING, ADDRESS THE

If we repuncture, or try to, I gravely fear that they will not be persuaded to come in a third time and the study would collapse. Those cases who have not had punctures and those whose fluids were positive, I think should be punctured.

I don't believe that any information relative to neurosyphilis on this group would be of much value as it would be open to criticism in that malaria is so widespread here. Doctor Smith tells me a survey here last year of 1,600 people revealed the presence of parasites in 20%. No one can say how many have had or will be infected with malaria before the study is over. Malaria probably is the best treatment for neurosyphilis and nearly every patient I have seen so far gives a good history of having had it. So far in the study I have found only a few neurosyphilitics and they were vascular affairs and optic atrophies with not a case of tabes or paresis.

with the exception of new patients, those old ones who have not been punctured and in cases who had positive fluids, I personally feel that repuncture is inadvisable. The danger of jeopardizing the future of the study by lack of cooperation of the patients far outweighs the importance of obtaining information about the spinal fluid, which information at best would be open to adverse criticism. I would like very much to have your reaction to this.

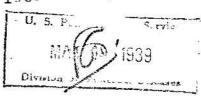
Sincerely yours,

Austin V. Deibert P.A. Surgeon Tuskegee, Ala.



U. S. PUBLIC HEALTH SERVICE

Mar. 27, 1939



Asst. Surgeon General R.A. Vonderlehr Division of Venereal Disease U.S. Public Health Service Washington, D.C.

Dear Doctor Vonderlehr:

I am in receipt of a letter from Doctor Moore, following his conversation with you, relative to my earlier assignment to Maryland.

In brief, the situation here is this: I have examined about 400 patients to date and there remains about 30 listed untreated and 40 controls to examine.

To inject new blood into the study, letters are now in the mail to all of the examined patients urging them to tell their friends that the clinic is being enlarged and we are optimistically hoping to "screen out" 150 more suitable candidates by drawing bloods at various meeting places during the next two weeks. Within ten days I shall be able to venture an opinion as to whether the group can be appreciably enlarged.

To be significant, the study must be stabilized by new men. If we are successful in locating the necessary number, it would be physically impossible for me to complete the task by May: 15th. It would be agreeable to me to return later in the year for the purpose of adding to this group, as Doctor Moore suggests, but I believe that it could be done more advantageously at this time while we have our set-up in action if an officer is assigned to assist me. Even one untrained in



TREASURY DEPARTMENT U. S. PUBLIC HEALTH SERVICE

syphilis work would be satisfactory. If we do not add new cases now I feel that most of the work could be completed and I could leave by May 15th. Upon completion of the study as it now stands, there will be about 125 strictly untreated syphilitics and I know you feel as I do the necessity of increasing this number.

Sincerely yours.

Austin V. Deibert

P.A. Surgeon Tuskegee, Ala.



UNITED STATES PUBLIC HEALTH SERVICE

Tuskegee, Alabama April 11, 1940

Asst. Surgeon General R. A. Vonderlehr Division of Veneral Diseases U. S. Public Health Service Washington, D. C.

Dear Doctor Vonderlehr:

We were all disappointed when it became impossible for you to come to Tuskegee. Dr. Burney was a good selection for a substitute. He presented your paper well, and it was enjoyed by all. Dr. Dibble read your letter to the audience, stating that you could not be present. He told them of your intense interest and of your good work in Macon County.

Since I did not get to see you, I wish to make one request in connection with paying the bills for the autopses. If it meets with your approval, wont you please write Isaac, treasurer of Tuskegee Institute, to honor bills that I have approved. My only interest in being able to do this is to be in a position to pay the poor families a small part of the fund at times, instead of the undertaker getting it all, particularly when the family has burial insurance on the patient.

Murray Seine

Murray Smith, M. D. Special Expert, V. D.

April 15, 1940

Mr. Lloyd Isaacs, Treasurer Tuskegee Institute Tuskegee, Alabama

Dear Mr. Isaacs:

Since one of our officers, Doctor L. E. Burney, visited Tuskegee last week, I have been informed that it might be helpful in the further prosecution of our study of untreated syphilis if a small part of the money made available by the Milbank Memorial Fund were paid to the families of some of the poorer patients just subsequent to their demise. This payment is suggested instead of making the entire disbursement of \$50.00 to the undertaker.

I believe that the local health officer, Dector Murray Smith, is familiar with the conditions of most of the people in the county. It is suggested that in the future if a small payment would be helpful in conducting the study if made to the poorer families, that this be done through Doctor Smith.

Sincerely yours,

(Sgd) R. A. Vonderlear
R. A. Vonderlehr
Assistant Surgeon General
Division of Veneral Diseases

RAV:ls

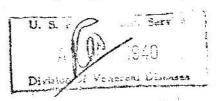
cc: Dr. Eurray Smith

Euskeger Institute

TUSKEGEE INSTITUTE, ALABAMA

OFFICE OF THE TREASURER

April 23, 1940



Dr. R. A. Vonderlehr, Asst. Surgeon Ceneral Division of Venereal Diseases Federal Security Agency-U. S. Public Health Service Washington, D. C.

Dear Dr. Vonderlehr:

Receipt is acknowledged of your letter of April 15, relative to disbursement of the \$50 furnished for each autopsy in the study of untreated syphillis by the Hilbank Momorial Fund. We will be very glad to cooperate with the suggestion mentioned in your letter relative to a small payment to the family of the deceased patient, but I would like to bring to your attention the fact that at the present time the entire 050 is not given to the undertaker. He pay the undertaker usually 30 or \$25 and the remaining funds are disbursed to the pathologist, in some instances to the nurse or county health officer who brings the patient in, and to a physician who assists with the autopsy. In a few instances our Hospital has been given a small sum usually \$2.50 for the use of its facilities in connection with these

If a satisfactory arrangement can be worked out with Dr. Smith, our County Health Officer, and other persons who cooperate in the conqueting of these autopsies, we would have no objection whatsoever in making small payments to the families as suggested by you. I am contacting Dr. Smith relative to this matter and you can be assured that every attempt will be made to cooperate with his office in regard to the payments as suggested.

Very truly yours

easurer

Mr. Lloyd Isaacs Treasurer, Tuskegee Institute Tuskegee, Alabana

Dear Mr. Issace:

Thank you very much for your letter of April 23rd. I trust that satisfactory arrangements can be completed with Doctor baith for the extension of nominal assistance to the families of deceased patients in the study of untreated syphilis.

If I can do anything further in regard to this matter, please advice se.

Sincerely yours,

(Sgd) R. A. Vonderlehr

R. A. Vonderlehr Assistant Surgeon General Division of Veneral Diseases

RAV: Yek co: Dr. Jurray Smith Special Expert Murray Smith U. S. Public Health Service c/o County Health Department Tuskegee, Alabama

Dear Doctor Smith:

I submit herewith copy of a letter which we have received from Treasurer Lloyd Isaacs of Tuskeges Institute. Please advise me if arrangements are not made which are satisfactory to you.

Sincerely yours,

(Sgd) R. A. Vonderlehr

R. A. Vonderlehr Assistant Surgeon General Division of Venereal Diseases

RAVINCK Encs.

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IN REPLYING, ADDRESS THE

UNITED STATES PUBLIC HEALTH SERVICE

Tuskegee, Alabama May 6, 1940

Asst. Surgeon General R. A. Vonderlehr Division of Venereal Diseases U. S. Public Health Service Washington, D. C.

Dear Doctor Vonderlehr:

The arrangements made by you with Isaacs,
Treasurer of Tuskegee Institute, for payments to
families in certain cases for autopsies were satisfactory to me.

Sincerely yours,

Murray Smith, M. D.

Special Expert, V. D.

MS/s